

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**25078**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. De Paul Hospital)

Registration District No. **791**

Primary Registration District No. **10003**

File No. ....  
Registered No. **6496**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4435 Easton Ave St. 11 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Nobs  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 - 1914  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186  
10. Date deceased last worked at this occupation (month and year) 19 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker Hill C. Mo

FATHER 13. NAME James Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Raymond Nobs  
814 - Russell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Paul DATE July 28 1933

19. UNDERTAKER (ADDRESS) Wacker - Helderle  
2331 Broadway

20. FILED 27 1933 J. F. Bredsek Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1933

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at 125 p.m.

The principal cause of death and related causes of importance were as follows:

Shock & Injuries  
Fractured skull & internal injuries  
Accident  
Fall from porch  
2

Other contributory causes of importance:

Name of operation Accident Date of 7-18-33  
Fall from porch

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/26/33

Where did injury occur? St. Louis, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall

Nature of injury Fractured skull & internal injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond Nobs M.D.

(Address) Deputy Foreman

7/27/33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

2331

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